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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000088182 (7)

1. Corporation Name

GARRISON PLACE INCORPORATION

SERENGETI RESORT ASSOCIATES, INC.

Principal Place of Business

201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602

Mailing Address

201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602-5813

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 3433  
Suite, Apt. #, etc.

27 City & State

28 Tampa, Florida

29 Zip

Country

30 33601

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

08/05/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J  
201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BURGESS, BRADFORD C  
STREET ADDRESS 400 N. ASHLEY ST. #2500  
CITY-ST-ZIP TAMPA FL 33602

TITLE DVST  
NAME MITCHELL, STEPHEN J  
STREET ADDRESS 201 N. FRANKLIN STREET #2100  
CITY-ST-ZIP TAMPA FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
c/o 201 North Franklin St., #2100  
Tampa, Florida 33602

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Stephen J. Mitchell)

Date

Daytime Phone #

813/229-3321

CR2E034 (9/96)

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

◆ Keep a copy for your records

**EIN**

OMB No. 1545-0003

**COPY**

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

**SERENGETI RESORT ASSOCIATES, INC.**

2 Trade name of business, if different from name in line 1.

3 Executor, trustee, "care of" name  
c/o Stephen J. Mitchell

4a Mailing address (street address) (room, apt., or suite no.)

P.O. Box 3433

5a Business address (if different from address in lines 4a and 4b)

4b City, state, and ZIP code

Tampa, Florida 33601

5b City, state and ZIP code.

6 County and state where principal business is located

Hillsborough County, Florida

7 Name of principal officer, general partner, grantor, owner or trustor--SSN Required (See instructions.)

Stephen J. Mitchell, President; SSN: 092-34-5481

8a Type of entity (Check only one box.) See instructions.)

- ☐ Sole Proprietor (SSN) \_\_\_\_\_
- ☐ REMIC ☐ Personal service corp.
- ☐ State/local government ☐ National Guard
- ☐ Other nonprofit organization (specify) \_\_\_\_\_ (enter GEN if applicable)
- ☐ Other (specify) > \_\_\_\_\_

- ☐ Estate (SSN of decedent) \_\_\_\_\_
- ☐ Plan administrator-SSN \_\_\_\_\_
- ☒ Other corporation (specify) Investment
- ☐ Limited liability company \_\_\_\_\_

- ☐ Trust
- ☐ Partnership
- ☐ Farmer's cooperative
- ☐ Church or church controlled organization
- ☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated &gt;

State

Florida

Foreign country

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) > Investment
- ☐ Hired Employees
- ☐ Created a pension plan (specify type) > \_\_\_\_\_
- ☐ Banking purpose (specify) > \_\_\_\_\_

- ☐ Changed type of organization (specify) > \_\_\_\_\_
- ☐ Purchased going business
- ☐ Created a trust (specify) > \_\_\_\_\_
- ☐ Other (specify) > \_\_\_\_\_

10 Date business started or acquired (Mo., day, year) (See instructions.)

02/01/97

11 Enter closing month of accounting year. (See instructions)

December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year.) . . . &gt; N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0" (see instructions). &gt;

Nonagricultural

0

Agricultural

0

Household

0

14 Principal activity (See instructions). > Investment

15 Is the principal business activity manufacturing? . . . . .

☐ Yes ☒ No

If "Yes," principal product and raw material used &gt; \_\_\_\_\_

16 To whom are most of the products or services sold? Please check the appropriate box.

- ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) > \_\_\_\_\_

☒ N/A

17a Has the Applicant ever applied for an identification number for this or any other business? . . . . .

☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.

Legal name &gt; \_\_\_\_\_

Trade name &gt; \_\_\_\_\_

17c Approximate date when, and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Name and title (Please type or print clearly) > Stephen J. Mitchell, PresidentBusiness telephone number (include area code) 813/229-3321Fax telephone number (include area code) 813/223-9067Signature > Date > 1-23-97

Note: Do not write below this line. For official use only.

Please leave blank &gt;

Geo.

Ind.

Class.

Size

Reason for applying